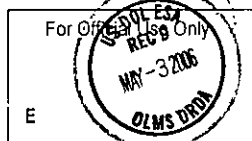


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7843	2. Fiscal Year Covered From: 1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing. Name Patrick K Davis P.O. Box, Bldg., Room No., if any Street 443 Broadneck Road City Annapolis State Maryland ZIP Code + 4 21409 -	4. Name, file number, and address of labor organization. Name International Union of Bricklayers and Allied Labor Organization File Number 0000-34 P.O. Box, Building and Room Number, if any Street 1776 Eye Street NW City Washington State District of Columbia ZIP Code + 4 20006
5. Position in labor organization. Audio Visual Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7. a. Nature of Interest, Transaction, or Income. 7. b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Patrick K. Davis

On **04/12/2006**
Date

Telephone Number

Name of Person Filing Patrick Davis

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye Street NW

City Washington

State District of Columbia ZIP Code + 4 20006

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name International Union of Bricklayers and Allie

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1776 Eye Street NW

City Washington

State District of Columbia ZIP Code + 4 20006

11.a. Nature of such dealing.

Payments are made to the International Pension Fund pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

02/15/2005 \$388.50 Meeting Lodging

12.b. Amount.

\$389

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

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For Official Use Only

MAY - 3 2006

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7843</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>Patrick</u> <u>K</u> <u>Davis</u> P.O. Box, Bldg., Room No., if any <u></u> Street <u>443 Broadneck Road</u> City <u>Annapolis</u> State <u>Maryland</u> ZIP Code + 4 <u>21409</u>	4. Name, file number, and address of labor organization. Name <u>International Union of Bricklayers and Allied</u> Labor Organization File Number <u>000-34</u> P.O. Box, Building and Room Number, if any <u></u> Street <u>1776 Eye St. NW</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u>
5. Position in labor organization. <u>Audio Visual Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Patrick K. Davis

On

04/12/2006

Date

201-518-8459

Telephone Number

Name of Person Filing Patrick Davis

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name International Masonry Institute

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 42 East Street

City Annapolis

State Maryland

ZIP Code + 4 21401

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Payments are made to the International Masonry Institute pursuant to collective bargaining agreements negotiated by the Union.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

02/15/2005	\$ 388.50	Meeting Lodging
12/02/2005	\$1082.25	Meeting Lodging
12/02/2005	\$ 432.90	Meeting Lodging
04/23/2005	\$ 82.93	Meeting Expenses
08/23/2005	\$ 82.25	Meeting Expenses
11/18/2005	\$ 372.22	Meeting Expenses
12/06/2005	\$ 372.56	Me

12.b. Amount.

\$2,814

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.